

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on July 2, 2002.

I. DISPUTE

Whether there should be additional reimbursement for Ambulatory Surgical Center care for September 19, 2001.

II. RATIONALE

The requestor billed \$3,508.30 for the Ambulatory Surgical Center care; the respondent paid \$2,236.00 leaving a balance of \$1,272.30. Rule 133.307(g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. An incomplete EOB submitted by the requestor does not show an explanation code for partial payment. Ambulatory Surgical Center care is not covered by the *Medical Fee Guideline* and shall be reimbursed at a fair and reasonable rate.

The respondent did not submit a response to the initial request and did not provide the missing EOB information or denial reasons. Consequently, the respondent's reasons for reducing payment are unknown. Therefore, this decision is based solely on the requestor's position of usual and customary.

The requestor submitted redacted EOBs that indicate their charges were fair and reasonable for treatment. The respondent failed to submit a response, provide the necessary EOB information or raise the issue of fair and reasonable reimbursement. Additional reimbursement of \$1,272.30 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for Ambulatory Surgical Center Care in the amount of **\$1,272.30**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,272.30** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision is hereby issued this 10th day of September 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

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